



PHONE 912.651.6783 TDD 912.651.6702 FAX 912.651.3677 SAVANNAHGA.GOV



Cultural Affairs Art Camp
TEEN INTERNSHIP Availability

Name_____

Teen Cell Phone or Contact Number_____

Parent/Guardian Name_____

Contact Phone Number_____

Do you have a sibling coming to Summer Art Camp? YES NO

If yes, which week, or weeks?_____

Please designate with a number (ex. 1st choice, 2nd choice, 3rd choice) of which week or weeks you are available to volunteer for summer art camp.

_____ Session 1 - June 2 - June 6

_____ Session 2 - June 9 – June 13

_____ Session 3 - June 16 – June 20

_____ Session 4 - June 23- June 27

_____ Session 5 - July 7 – July 11

_____ Session 6 - July 14 – July 18

_____ Session 7 - July 21 – July 25

_____ Session 8 - July 28 – August 1

_____ Session 9 - August 4 – August 8 (½ Day Preschool Art Camp, 9am - noon)

Return information to: Christine Hefner, Visual Arts Coordinator
chefner@savannahga.gov
912-651-6783